

Connecticut Trauma Committee  
Connecticut Hospital Association  
July 21, 2016

Present: Shea Gregg, Chairman; Deborah Bandanza, recorder; Kim Barre; Brendan Campbell; Raffaella Coler; Brian Cournoyer; Kimberly Davis; Kevin Dwyer; Tracy Evans; James Feeney; Wendy Furness; Renee Malaro; Jacqueline McQuay; Paul Possenti; Subramani Seetharama;

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Call to order at 1407 hours.

| TOPIC                        | ISSUE                    | DISCUSSION  | ACTION                                      |
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| Minutes                      | Minutes of May 2016      | NO changes.   | Motion to approve passed unanimously        |
| OEMS Report                  |                          | The press release for EMS for Children initiative was presented. The communication statement (Public Act 16-43) that mandates all towns to update the EMS plan for opioid antagonist was discussed.   |   |
| State Trauma Registry update | Non-functioning registry | Data collection testing with Digital Innovations will begin in August. Other vendor options are being explored. Kim Barre informed the committee that beginning January 1, 2017, NTDB will accept only ICD-10 coding and asked that this also be presented to Digital Innovations during the testing process. The Trauma meeting Group discusses registry issues and Brian Cournoyer will bring issues identified during these meetings to this | Report will be brought to the next meeting. |

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|  |                              | committee.  |   |
| EMS Advisory Board report                              | Prehospital Care Protocols   | The prehospital care protocols are in force and training has begun. The section for termination of efforts in traumatic arrest now includes provisions for blunt and penetrating arrest as follows: resuscitation efforts for blunt trauma patients found apneic, pulseless, and asystolic on ECG upon arrival of EMS may be terminated with approval of DMO; penetrating trauma patients found apneic and pulseless should be assessed for the presence of other signs of life and, if absent, resuscitation may be terminated with permission of DMO. | The State Trauma Committee supports this initiative that provides standardized guidelines throughout the state. |
|  | Prehospital Triage Protocols | The state prehospital triage protocol update will be brought to the fall legislative session with the proposal that the protocols be taken out of regulations and put into legislation with a clause that allows annual review for revisions and changes.   |   |
| Active Assailant and Hybrid Targeted Violence Document |                              | This is the statewide guide that allows towns and prehospital care providers to stimulate discussion on how to deal with active shooter/assailant events. The document has been brought to the leaders in fire and police.  |   |
| Gap Analysis ACS Trauma System Report                  |                              | Since the recommendations are offshoots of the state trauma registry, once the state registry is functional, the recommendations from the 2006 ACS Trauma System Report will be brought for   |   |

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|                             |   | discussion and implementation.   |   |
| Subcommittee reorganization |   | Once the state registry is functional, the subcommittees can work with the data provided. The subcommittees have been tabled until that time.  |   |
| Letter to DPH               | Trauma Registry                                       | The committee has collected 87 signatures from 12 centers and the letter and signatures will be sent to the Commissioner and heads of Public Health.   | Dr. Gregg and Wendy Furniss will work on next steps.                                  |
| Legislative Bill Proposals  |   | Besides the proposal to move the state protocols out of regulations and into legislation, there is also a proposal to have the Chair of the State Trauma Committee to have a voting role on the Advisory Board.  | Wendy Furniss will review the regulations to determine the best way to proceed.       |
| Legislative liaison         |   | It was suggested that Dr. Gregg contact Justin Rosa, the state legislative liaison, for a list of trauma-related legislation.  | Dr. Gregg will make contact and will invite Justin Rosa to the committee meetings.    |
| Open Forum                  | Tranexemic Acid administration in prehospital setting | The committee was asked to give its opinion on administering TXA in the prehospital setting. The committee discussed thromboembolic events associated with TXA administration, quick transport times from the field, and the difficulty of determining massive hemorrhage events in the field. The committee decided that the risks and expense outweigh the benefits of administering tranexemic acid in the field. | The committee does not support the use of tranexemic acid in the prehospital setting. |
|                             | Intraosseous insertion                                | The committee was asked to give its opinion on   | The committee does not support a  |

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|  |                              | mandating I/O insertion in the upper extremity for patients with pelvic fractures. After discussion, it was determined that EMS providers should be able to insert an intraosseous line wherever they can obtain access and should not be mandated to use the upper extremity exclusively.   | mandate on upper extremity intraosseous line insertion for patients with pelvic fractures. |
|  | Mass casualty communications | Dr. Davis raised the concern of fragmented communications in a mass casualty event. Dr. Gregg reported that there is a communications subcommittee in CEMSAB that would be an appropriate venue to bring the issue of standardization using field triage protocols.  | Dr. Gregg will bring the communications issue to the CEMSAB subcommittee.                  |
|  | Disaster Management course   | There will be a Disaster Management and Emergency Preparedness course on September 23 at Connecticut Children's Medical Center.  |  |
|  | Research project             | Dr. Davis reported that Connecticut will be one of 5 states whose Medical Examiner will be participating in a multicenter research trial through the Fellowship for National Trauma Research looking at the cause of mortality after trauma. Connecticut was chosen due to having one of the best-run Medical Examiner's Office in the country. Not only does the ME Office perform a high rate of autopsies, but the documentation is outstanding and the medical examiners are very receptive to trauma centers. |  |
|  | Upcoming trauma symposiums   | Bridgeport Hospital will sponsor Issues in Trauma Care 2016: Violent Crime: It's Time to Talk at the Holiday Inn in Bridgeport on September 29.  |  |

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|             |  | Stamford Hospital will sponsor a trauma symposium on November 11. The Geriatric Injury Institute at Bridgeport Hospital will sponsor a geriatric trauma symposium in November at the hospital. |                                 |
| Adjournment |  |  | Meeting adjourned at 1505 hours |

Respectfully submitted

Shea C. Gregg, MD

Chair, CT State Trauma Committee